

EXHIBIT 43

US District Court - Delaware
Chapter 11 - W.R. Grace

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Dr. Laura Welch

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IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

CHAPTER 11

IN RE:
W.R. GRACE & CO., et al.,

Debtors.

Case No. 01-1139 (JFK)

DEPOSITION OF:
Dr. Laura Welch
Wednesday, October 3, 2007
Washington, D.C.
Barbara Harding, Esquire
Kirkland & Ellis

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1 **literature that relates to other**
2 **non-W.R. Grace products; is that right?**

3 A Not independently of what
4 W.R. Grace has put in their report, that's
5 correct.

6 Q And you have not compared the
7 **industrial hygiene data relating to**
8 **W.R. Grace products to epidemiological**
9 **literature that discusses the risks of**
10 **asbestos exposure and development of**
11 **disease; is that right?**

12 A Well, I haven't looked at the
13 W.R. Grace product industrial hygiene. So
14 since I haven't done that, I am not
15 quite -- it doesn't -- I won't necessarily
16 make you explain the question more because
17 the answer has to be no. But I am not
18 quite sure what you were asking.

19 Q I am just trying to make -- I
20 **am just trying to clarify kind of what you**
21 **have done in your report and then what you**
22 **haven't done; and then once we get through**

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1 that, then we will kind of go to the
2 opinions in your report.

3 A Okay.

4 Q So the answer to that question
5 is that you agree that you have not done
6 that, right?

7 A Correct.

8 Q And you have not in your
9 reports in this case addressed the
10 probability or likelihood of any
11 claimants' -- in this case -- ability to
12 prove that their asbestos disease was
13 caused by a specific W.R. Grace product,
14 right?

15 A Well, actually, I think my
16 opinions all go to that question, although
17 I haven't looked at any individual
18 claimant's records or occupational history.

19 But I answered that way
20 because, if a claimant were to say, "I was
21 injured by a W.R. Grace product," then the
22 opinions I express about causation and

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1 whether you need to know about fiber size,
2 particular products, address that question,
3 are supportive -- would be supportive of a
4 claim from somebody with multiple
5 exposures, for example.

6 I think I tried to answer your
7 question.

8 **Q No, no, I understand. I think**
9 **that you -- your answer is what it is**
10 **because, in your analysis in your reports,**
11 **you have stated the opinion that every**
12 **asbestos exposure is a substantial**
13 **contributing causal factor in the**
14 **development of an individual's**
15 **asbestos-related disease, correct?**

16 **A That's correct.**

17 **Q So that, to render that**
18 **opinion, you don't need to know any**
19 **individual claimant's level of asbestos**
20 **exposure to a W.R. Grace product, correct?**

21 **A Generally, that's correct, yes.**

22 **Q And you don't need to know any**

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1 individual claimant's -- the intensity of
2 their exposure to W.R. Grace's product,
3 correct?

4 A That's -- generally, that's
5 correct.

6 Q And you don't need to know the
7 duration of their alleged exposure to a
8 W.R. Grace product, correct?

9 A Correct. I mean, if it -- if I
10 were involved in the individual case, that
11 either someone would present me with a
12 hypothetical or I would have information
13 that would demonstrate that such an
14 exposure did occur.

15 So some of those
16 characteristics about, you know, duration
17 or intensity or type of work, go into
18 demonstrating that an exposure to
19 W.R. Grace product occurred.

20 Now -- but once it's
21 established in whatever format it's
22 established that that exposure occurred,

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1 the question. It provides an answer. And
2 it finds no statistically significant
3 relationship, correct?

4 MR. FINCH: Object to form.

5 A But --

6 MR. FINCH: Compound.

7 A -- it doesn't include people
8 that you know that were exposed to the
9 hazard.

10 Q So it's your view that, in the
11 case where the epidemiology, even though
12 you admit that it examines the question,
13 but it has flaws, you can ignore the
14 results of the epidemiological literature
15 and instead turn to case reports, right?

16 A Yes. If the epidemiology
17 doesn't answer the question, it just
18 doesn't answer the question. Then you use
19 what you have.

20 I think you -- you know, the
21 epidemiology is not definitive. It doesn't
22 say there is no risk in brake mechanics.

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1 It says: "We haven't found a risk in
2 epidemiologic studies."

3 And then you can -- several of
4 the papers that I cite go through those in
5 great detail.

6 MS. HARDING: Mark this,
7 please.

8 **Q It's a fact sheet from the**
9 **National Cancer Institute, correct?**

10 A Yes.

11 (Exhibit No. 12, Fact Sheet
12 from the National Cancer Institute,
13 Asbestos Exposure: Questions and
14 Answers, is marked by the reporter for
15 identification.)

16 **Q In your report, you cite to the**
17 **National Cancer Institute of the National**
18 **Institute of Health in support of your**
19 **proposition that ample evidence supports**
20 **the conclusion that asbestos from brakes**
21 **can and does cause mesothelioma.**

22 **Do you see that? That is on**

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1 (Exhibit 17, Article,
2 "Vermiculite, Respiratory Disease, and
3 Asbestos Exposure in Libby, Montana:
4 Update of a Cohort Mortality Study,"
5 by Patricia A. Sullivan, from
6 Environmental Health Perspectives,
7 Volume 115, Number 4, April 2007,
8 Pages 579 to 585, is marked by the
9 reporter for identification.)

10 **Q Exhibit 17 is "Vermiculite,**
11 **Respiratory Disease, and Asbestos Exposure**
12 **in Libby, Montana: Update of a Cohort**
13 **Mortality Study," by Patricia Sullivan.**

14 **You cited this paper in your**
15 **July 7th report in this case, correct?**

16 **A Yes.**

17 **Q And if you could look to table**
18 **number three on page 582.**

19 **A Um-hum.**

20 **Q For the lung cancer group, with**
21 **the exposure 0 to 4.49, under cumulative**
22 **exposure, the SMR reported is 1.5 with a**

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1 confidence interval from 0.9 to 2.3.

2 Do you see that?

3 A Yes.

4 Q And the SRR is 1.0.

5 And the proper interpretation

6 of that result would be that it's not

7 statistically significant, correct?

8 A Correct.

9 Q And for the next level of

10 exposure, 4.5 to 22.9, the SMR is reported

11 as for lung cancer of 1.6 with an odds

12 ratio of 1.1 to 2.5, correct?

13 A That's correct.

14 Q And you would interpret that as

15 being statistically significant --

16 A Yes.

17 Q -- because the confidence

18 interval does not include one, correct?

19 A Correct.

20 Q In your report -- in your

21 July 2007 report -- so that would be the

22 Exhibit 3?